PSYCHOLOGISTS *for* MENTAL HEALTH PROGRAMS

SOUTHERN REGIONAL EDUCATION BOARD

PSYCHOLOGISTS
for
MENTAL HEALTH PROGRAMS

Report of a Conference held under the
Southern Regional Program in Mental Health
Training and Research

December 5-7, 1956
Biltmore Hotel
Atlanta, Georgia

SOUTHERN REGIONAL EDUCATION BOARD
881 PEACHTREE STREET, N. E.
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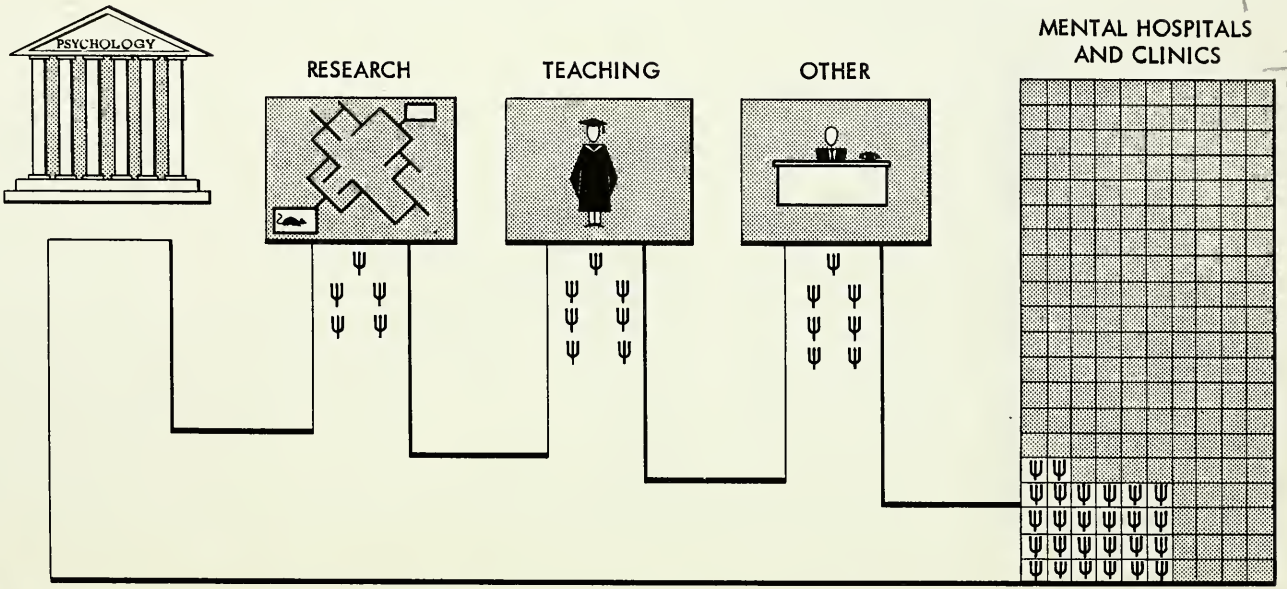
PSYCHOLOGISTS IN THE SOUTH



45 Ph.D.'s GRADUATED IN CLINICAL PSYCHOLOGY FROM TEN SOUTHERN UNIVERSITIES IN 1955

5 ACCEPTED RESEARCH POSITIONS

7 TOOK TEACHING POSITIONS

7 TOOK OTHER JOBS IN PSYCHOLOGY

26 FILLED 26 OF THE 200 VACANCIES IN HOSPITALS AND CLINICS

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CONFERENCE ON PSYCHOLOGISTS IN MENTAL HEALTH PROGRAMS

Introduction

THE CONFERENCE ON PSYCHOLOGISTS in Mental Health Programs, convened by the Southern Regional Education Board on December 5, 1956, had as its chief purpose the finding of answers to the problem posed by the shortage of psychologists in the mental health programs of the South. It was the third in a series of conferences called by the SREB, as an activity of the Southern Regional Program in Mental Health Training and Research[1], to bring together educators and employers of professional personnel and to give help in suggesting solutions to the critical need for more personnel in the major mental health professions. The survey of mental health training and research in the Southern States[2], undertaken by SREB in 1954 at the request of the Southern Governors' Conference, had pointed up a shortage of psychiatrists, psychologists, nurses and social workers so great as to cripple the efforts of the States to check mental illness and promote mental health for their citizens. Investigations since that survey indicated that the need for personnel had become even greater. This series of conferences therefore represented a means of getting the thinking of the professions most concerned brought to bear on the problem of shortage.

The Need for Psychologists[3]

Preliminary investigation by the SREB Mental Health staff revealed that there are about 200 vacancies a year for psychologists in the mental health clinics and mental hospitals of the Southern States. In 1955, 45 students in clinical psychology graduated with the Ph.D. from Southern universities; of these, 26 took positions in mental health programs in the region. The shortage of psychologists is not limited to the Southern region, but is rather a national problem; therefore the solution is not to attract psychologists from other regions to the South. These facts raise questions as to how present psychologists may function in mental health programs so as to make the greatest possible contribution to the total work, and how university departments of psychology may educate their graduate students so they will be able to function in this way. It was to provide answers to these questions of numbers, use, and training that the Conference on Psychologists in Mental Health Programs met.

Pre-Conference Planning

A Steering Committee of eight persons[4] met on June 26, 1956, to outline conference procedure and to propose leadership and participants. The Committee agreed that this, like the previous professional conferences, should be a working session, with as much time as possible devoted to small discussion groups which

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[1]See Appendix V.
[2]See Appendix V.
[3]See Appendix I.
[4]See Appendix III.

would explore the problems of recruitment, training, and utilization of psychologists. Immediately prior to the Conference the Steering Committee met again, this time with the speakers, discussion group chairmen and recorders also present. This group agreed that a more precise definition of the role of the psychologist in mental health programs would be fundamental to providing answers to the three questions before the Conference, and recommended that each discussion group give some attention to this.

Conference Procedure

First General Session

THE CONFERENCE OPENED on the afternoon of December 5, 1956, with a general session bringing together the 75 participants, of whom 41 were psychologists (22 from psychological services in hospitals and clinics, 19 from graduate school departments of psychology, and 10 from other kinds of psychological work). The remainder were psychiatrists (7), social workers (4), nurses (4), and laymen (8). Thirteen participants represented mental health programs at the State level.

Dr. Eliot H. Rodnick, Chairman of the Department of Psychology at Duke University, served as Conference Chairman for the opening session. He welcomed the group and stated the purpose of the Conference, saying, "The job we have to do over the next several days is . . . an extremely important one, which . . . has great significance, not only for the development of psychology in this area, but more particularly in trying to meet the mental health needs of this region." He stated that in a few years mental health programs had developed beyond the organizational phases to a point at which "we really have to take a very hard, cold, dispassionate look as to whether we are indeed efficiently utilizing the personnel we now have," as "this is one way of meeting the shortage. In trying to come to grips with this, undoubtedly we will have to examine the nature of the psychologist's roles. Have these roles been keeping pace with developments in the field as a whole? . . . In the last few years there have been major changes in the viewpoint toward treatment, toward the role of the psychiatric hospital, toward the role of the community mental health clinic. Are psychologists being used in a way which may elicit the maximum contribution with these changing conceptions, or are we following up the rear in trying to keep up with the change in conception of the role of the psychologist?" Dr. Rodnick related the present Conference to the Southern Regional Conference on Psychological Resources, held by the SREB in 1953 at Emory University. In the earlier Conference "the general roles of psychologists in the South were discussed. One can look at this Conference as one step beyond that. Now we are trying to deal with more specific issues than we could deal with at the Emory Conference. Then it was a matter of examining the general scope—whether we had enough training institutions in the area, whether it was possible to have a high level of training. I think we have made sufficient progress in the last three years that now we can begin to examine in a much more concrete fashion specific recommendations that might be implemented."

Dr. Rodnick then introduced Mr. William J. McGlothlin, Acting Associate Director for Mental Health, SREB, who briefly described the Southern Regional

Education Board and the Southern Regional Council on Mental Health Training and Research. Mr. McGlothlin quoted the Council's purpose "to create in the South a community of interest and effort, of purpose and resource, in order to better serve the mental health of their people", and spoke of this Conference as an embodiment of that purpose. He described the series of meetings of which this Conference was a part: The Panel on Organization and Conduct of State Mental Health Programs, which identified significant trends and their implications in terms of the need for and the role and training of professional personnel; the Conference on Social Work Personnel for Mental Health Programs and the Conference on Psychiatrists for Mental Health Programs[5], both of which, like the present Conference, considered problems of recruitment, use, and training and made specific recommendations toward solutions. He concluded, "We have tried to combine in this Conference the people who educate psychologists and the people who employ them in mental health programs. The combination of these points of view has the possibility of allowing for creative solutions of the continuing problem . . . and if they develop we can assure you . . . that we will do what we can to see that those solutions are both adopted and followed."

"Clinical Psychologists in the South and in the Nation" was the subject of the keynote address delivered by Dr. Roger W. Russell, Executive Secretary of the American Psychological Association[6]. Dr. Russell attributed the increasing need for psychologists in mental health programs to the fact that as psychology has demonstrated valuable contributions to these programs, the demand for their services has grown accordingly. He suggested that, in attempting to answer the questions before the Conference, the participants might wish to give attention to the numbers and distribution of approved doctoral training departments in the South (at present twenty per cent of the total for the nation). He called attention to the fact that relatively few undergraduate psychology majors continue to the doctorate, and urged the finding of ways to overcome the reasons for this,—lack of interest or ability, the rigors of graduate education, the shortage of training facilities. To provide a background for later discussion of more effective use of psychologists, Dr. Russell summarized their prevalent characteristics and functions. He noted that ten per cent of psychologists now employed in mental health programs are actually specialists in some field other than clinical, and that twelve per cent of the clinical specialists are actually employed in some other field. These situations, he said, are especially sound if one takes the broad view of mental health. He pictured the need for clinical psychologists as far greater than the present number available. He concluded by pointing up the need to re-examine the general problems of mental health and the valuable roles psychologists can play in this process—by enlisting the help of psychologists other than clinical, in helping to develop knowledge of methods of prevention, diagnosis, and treatment as well as care, in increasing research effort, and in educating society in mental health matters.

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[5]Cf. *Social Workers for Mental Health Programs* (Atlanta: SREB, 1956) and *Psychiatrists for Mental Health Programs* (Atlanta: SREB, 1956). These two earlier conferences had recommended specific activities, some of which have since been initiated, aimed at increasing the number and effectiveness of trained professional people for the important work of mental health programs in the region.

[6]The full text of Dr. Russell's address and the tables with which he illustrated it will be found in Appendix II.

Discussion Groups

Wednesday evening and all day Thursday had been set aside for five small discussion groups. The Steering Committee had planned to ask two groups to discuss the role of psychologists in mental health programs and three groups to discuss the training of psychologists for this role. However, in the discussion at the end of the first general session, the participants agreed that all groups would devote their thinking at first to the definition of role, believing that the question of role was of such primary importance that its definition was necessary as a basis for talking about matters of training and related topics.

Each small discussion group was composed of approximately equal numbers of psychologists from academic programs and psychologists from mental hospitals, clinics, and State mental health authorities, and included also representatives of other professions.

The small groups drew up reports of their discussions and recommendations for presentation to the final general session for Conference information and action. The following summaries of their narrative reports show the range of ideas and questions contributed to the work of the Conference.

GROUP I: Thomas W. Richards, *Chairman;* Philip Worchel, *Recorder*

Group I covered three major topics of role, recruitment, and training. Under role the group reviewed the functions of diagnosis, therapy, prevention, promotion of mental health, research, and consultation in special areas such as mental retardation, penology, and delinquency. Questions were raised as to whether these are unique and specific contributions of the psychologist or whether his role should be conceived in the broader terms of the search in behavioral science. The discussion was almost entirely in terms of the Ph.D. psychologist, although there was some attention to sub-doctoral personnel.

In the discussion of recruitment concern was expressed about the lack of systematic recruitment programs in all mental health areas and especially in psychology. The group emphasized the contributions psychologists can make to the investigation of methods for effective recruitment, and agreed that the following are desirable:

1. Systematic and continuous orientation programs for high school students and the community.
2. Experimentation with the beginning course in psychology in the freshman year in college.
3. Research in career selection.
4. Increased financial aid to students.
5. Dignified legal status for the profession.

Existing university training programs were examined critically. Some of the group felt there had been inadequate attention to the skills and attitudes required for more effective work in mental health. Others felt the program of training in basic psychology should be maintained as it is at the sub-doctoral level and that specialization necessary for mental health programs be secured in post-doctoral work, through experience, and by maturity. Increased integration between the university and field agency may provide the student with broader experience in the community and also result in an enrichment of the curriculum. Need was

expressed for improvement in the quality of teaching and a sensitivity to changes and problems in the world today particularly as regards mental health. Psychologists should continue to be concerned with research on significant aspects of these problems.

GROUP II: Stanley Williams, *Chairman;* Herdis L. Deabler, *Recorder*

Group II also discussed the questions of recruitment, training, and role. Observations regarding recruitment covered such points as:

1. There is a need for better teaching of introductory psychology courses, in which student interest is killed as frequently as it is stimulated.
2. The content of beginning courses should be altered to bring in more of adjustment problems and an over-all survey of the field of psychology.
3. Contacts between graduate students and undergraduate students have proven helpful in awakening further interest in psychology.
4. Printed information on psychology as a career should be distributed to students.
5. Summer employment or part-time employment during the college year in various mental health settings may develop interest.
6. Visits to high schools during career days and visits by high school students to psychology departments may be of help.
7. There is a positive need to inform the public about the work of well trained psychologists in institutions and in treatment and preventive programs.
8. As many students now come from outside the region, it might be helpful to encourage more migration.

On the topic of training, the group believed long range planning will need to include provision for a larger number of students than can be accommodated in the present graduate departments. Expansion of present Ph.D. programs and encouragement of new departments were suggested. As psychologists are being called on to do more work in psychotherapy, it was felt that specific course work in psychotherapy should be given to graduate students and that practicum or internship centers should provide adequate supervision and experience in this work.

The group felt the traditional functions of the clinical psychologist, such as diagnostic testing and research, should be further developed. Although training in research is being extended to other professional groups, the psychologist is likely to be the leader in research for several years. In addition to the traditional functions, psychologists could be used more widely in psychiatric institutions as consultants to other professional groups, in ward management problems, in planning for the patients' daily schedules, training programs, personnel selection, etc. They can also function effectively in the field of prevention through dissemination of information and serving as consultants to community groups. The background, training, and experiences of experimental, social, and physiological psychologists have been found helpful within the Veterans' Administration, and use of these psychologists should be considered by other agencies in the mental health field.

The group also expressed a need for legal recognition of the role and status of the psychologist.

The group did not resolve a difference of opinion about the ultimate place of the psychologist in mental health programs. In time psychology may be an expendable profession, but for the present and probably for the future the psychologist is definitely needed. Questions about the unique or distinctive role of the psychologist in the mental health field remained unresolved.

The group was also divided about the necessity or desirability of giving staff appointments to sub-doctoral personnel.

GROUP III: Louis D. Cohen, *Chairman;* Joseph G. Dawson, *Recorder*

Faced with the realization that present training methods and programs will not make available the number of psychologists necessary to meet present demands, Group III gave its first consideration to the changing role of the psychologist today. The public is demanding new skills of the psychologist in industry, in schools, and with the increasing aging population; psychologists are being asked to participate in diverse activities. Present training methods do not adequately cover these new areas. Nor is the clinical specialist the only psychologist who can make a contribution to mental health; the social psychologist and the experimental psychologist can contribute in research, group techniques, and other problem areas.

Recognizing that to a great extent the psychologist's functions are determined by his training, the group asked whether the profession should attempt to develop different kinds of specialized psychologists, or whether training should be generic, or whether the demand for psychologists should be responded to by training technicians. In these and similar considerations of the kind of training needed, the question was repeatedly raised of whether we know how to train for a given task. What should constitute the training of a mental health worker? How is creativity imparted? What training is needed in a common core?

Psychologists now function in (1) individual therapy, (2) group therapy, (3) supervision of students, (4) consulting, (5) research, (6) speaking and writing, (7) teaching. In any of these activities is the role of the psychologist unique? Perhaps testing and research most nearly describe unique functions of the psychologist. Or is the psychologist's basic scientific orientation a learning problem and is this what makes the psychologist unique?

The chairman summarized the discussion of the group at this point by saying that the group appeared to feel more comfortable with the present role of the psychologist. In essence they felt that psychologists had gone through a hard battle to secure present role and functions and did not want to forfeit these.

One new role, the consultative one, was interpreted as being one of transmitting mental health information to technicians. One psychologist could serve as a resource person for many people who are trained at a technical level. There could be feed-back at two levels in which the psychologist could assess a group of possible new roles and the technicians could assess the community for new demands in mental health. There was also some discussion of the therapeutic community and how psychologists could best contribute to this. In further elaboration of the consultative function, it was decided that work with teachers, public school officials, social workers, and family service agencies was most important.

In institutions psychologists have non-authoritarian roles. This facilitates their institutional and community service and their acquisition of certain kinds of data. It was pointed out that in institutions, psychologists should be immediately concerned with research and in some instances have no immediate service pressures. In some institutions they could make objective recommendations to the administration, in other words serve as "trouble shooters" and anticipate problems before they arise.

Concerned with the lack of good popular information about psychology and psychologists, the general problem of communication, and the difficulty of relating meaningfully to a community, the group discussed the availability of new techniques, such as mental health films, to give information to the public. In industry psychologists are assuming new roles in developing such techniques as role playing in helping workers solve their problems and in "training the trainers."

Another new role for the psychologist is increasingly the administrative one. In some hospitals he has been made a manager or administrator. Also, one of his responsibilities is to make management aware of certain human problems. The psychologist could educate decision makers in "value systems" which are for the good of their workers. Psychologists have also become consultants to management. If the psychologist is respected, management can use his suggestions to create a better environment for his workers. In turn the manager can use the psychologist as a catalytic agent or as a sounding board to try out his ideas regarding human relations.

What should be the role of the psychologist in the new psychiatric team? Although traditionally psychologists have not been given independent responsibility, there are many situations in which they cannot avoid the responsibility. Thus, decision making is forced upon them. Some psychologists are unfamiliar with this function and some feel ambivalent about it.

One of the changing roles of the psychologist is his relationship to the power structure and decision making. He must assume new responsibility, an administrative authority in the community and in institutions. As an outgrowth of this the group asked what new methods in training can be adopted to facilitate such a role. Methods proposed included a seminar, in-service training, continuation training, getting together the responsible professions frequently as a means of reassuring communication and of facilitating new roles, and more interchange between the professions.

Along with these questions were questions about practical experience requirements: What kinds of internships? What kinds of training at a community level?

Although the attempt to train psychologists as professionals and scientists has presented particular difficulties to universities, the needs and the advantages outweigh the difficulties. There is feedback from one to the other and this seems to be desirable from the standpoint of the advancement of knowledge.

GROUP IV: J. Wilbert Edgerton, *Chairman;* Clifton T. Perkins, *Recorder*

Group IV felt it desirable to spend the entire time of its first session in free discussion involving generalities and certain specifics concerned with the phases of both the training of clinical psychologists and their role in mental health programs.

It was pointed out that training for research is a major consideration at this time. While it is a forlorn hope to expect that all may be able to do good research, it is important that all trainees be research oriented—a phase of training that will always be important in enhancing their usefulness in various situations and actions. Basic general training is important to provide for the flexibility required in meeting different situations.

The question and importance of sub-doctoral training was discussed briefly.

In discussion of the role of the clinical psychologist, the aspects of diagnosis, treatment, and research were touched upon. The group considered the importance of an improved and broadened status with the clinical psychologist acting more as a resource guide and consultant to the ancillary professional, sub-professional, and non-professional groups working in mental health programs. It was felt that clinical psychologists have most to offer in areas where major problems have to be solved—and those constitute the areas involving aggregates of people in various disciplines.

Having explored these general fields of training and role rather freely, Group IV next directed its attention to the following basic questions:

1. What are the big jobs to be done in mental health programs, and where can clinical psychologists contribute most?
2. What do the academicians wish to see their trainees do, and what do the directors of mental hygiene programs wish them to do?

The group developed an outline of jobs to be done in public psychiatric services in which psychologists can (and should) play an important part:

1. Diagnosis
2. Therapy
3. Operational research
4. Preventive service
    - Counseling
    - Epidemiology
    - Mass education for adults and children
5. Planning, organization, coordination, and demonstration of mental health services
    - State
    - Community
6. Training and staff development
7. Consultation
    - Organization
    - Counseling
    - Education
    - Social action
    - Epidemiology

The impossibility of training to meet each and every requirement led to discussion of a broad basic education, and to agreement that a good basic training in psychology and methodology is the "stuff" from which can be made good resource persons, or good catalysts, or imaginative planners, or doers.

There was further discussion of status. Psychologists will not be attracted to state service if they are chained to individual work and not permitted to expand. It is important to raise status.

GROUP V: Julius Seeman, *Chairman;* Robert Reiff, *Recorder*

Group V began with a discussion of recruitment. Agreement was reached that recruitment efforts should be directed primarily to students in college, over one-half of whom (freshmen) are uncertain about their vocational choice. Use or modification of the curriculum did not seem to be suitable for recruitment activities. Good teaching at earlier levels was felt to be important. Programs in small colleges to stimulate interest in psychology should be encouraged and the level of teaching of psychology courses in small colleges should be raised.

Discussion of role centered mainly around two questions: (1) Is psychology an academic or applied science? and (2) Are the mental health aspects of psychology as an applied science a profitable way for psychologists to use their skills? Although concern was expressed that too many psychologists are entering mental health jobs and not enough are becoming teachers, it was recognized that teaching is involved in many of the mental health activities. Are the few psychologists we now have spending their time in the most effective use of their skills? Is therapy the best way of using their skills? Perhaps it would be more important to spend their time in operational research. Is it profitable to train psychologists for therapy even though they use their skills effectively? Are the professional tensions between academic and professional psychology in part due to the fact that the basic science and the practical applications of psychology are not as widely separate as they are in such fields as social work and psychiatry? Comment was made that clinical psychologists are not given sufficient opportunity to do research and that psychology must do an educational job among professionals and administrators to get support for operational research.

The group felt that the present curricula in clinical psychology actually train psychologists to go into private practice. Intra-personal dynamics are stressed, with the inter-personal theory getting less emphasis. At present there is a great social need for people who are trained in inter-personal theory, and this should be provided for in the training programs of the new clinical psychologists.

The role of the psychologist and the way he is used are constantly changing. The group felt in general that it would be unwise to set this role in any particular way during this period of change.

Most psychologists, particularly those in academic institutions, are in touch chiefly with the college population, which makes up only a small part of the community. The clinical psychologist who works with people in clinics and hospitals seems to be able to relate and to communicate with this segment of the population. It would be helpful if experimental, physiological, and other psychologists would participate in mental health programs, university extension courses, and adult educational courses in order to interact with the community as a whole.

Final General Sessions

On the morning of Friday, December 7, the Conference convened in plenary session with Dr. Robert W. Kleemeier, Director of the Moosehaven Research

Laboratory, Orange Park, Florida, as Chairman. The recommendations growing out of the discussion of the five sub-groups were presented for action to the Conference as a whole. The SREB staff and Conference Steering Committee were directed by the Conference to edit the 26 recommendations to eliminate duplication and to clarify the wording so as properly to interpret the intent of the Conference.

Recommendations

ROLE: The Conference recognized that the role of the psychologist in our society is undergoing rapid changes. Particularly is this true in mental health programs where the role of the psychologist is emerging in ways which are not clearly structured at the present time. In addition to the customary roles of providing diagnostic services, engaging in research, doing psychotherapy, and other activities there was a recognition that the psychologist frequently is being placed in situations necessitating greater responsibility for action and for decision making. The relationships with government, the law, and organized community agencies are becoming more complex and varied in efforts to provide many different functions for the people he serves. Some of these functions are unique to the psychologist's role and training, while others are shared with clinical and research team members. These increasing and new responsibilities involve one or more of the following activities:

1. An efficient utilization of mass media for effective communication about mental health needs and principles at a community, state, and national level.
2. The development of research methods to assess community mental health needs and to evaluate the effectiveness of such programs.
3. The mobilization of community resources or developing community mental health programs by assisting and cooperating with other professional personnel and groups.
4. The establishment of an efficient consulting relationship with schools, social agencies and industrial organizations about mental health programs.
5. The provision of a wide range of consulting and advisory activities with administrators of institutions and of state and regional mental health and mental hospital programs.
6. The assistance requested in the solution of problems arising with patients as a product of their institutionalization or of their living in an institutional setting. Psychologists are being frequently called on for services as institutional "trouble-shooters".
7. The assumption of greater responsibilities in intensive treatment programs within mental hospitals.
8. The provision of consultation service to industrial management.
9. The provision of methods of developing better techniques of human relations which may be utilized in "training the trainers". Some of these techniques include role playing, leadership techniques, screening and selection of personnel, etc.

In an attempt to clarify the questions concerning the most productive role for psychologists and the limited number of psychologists available, the guiding principle appears inherent in the question: "What are the most effective uses which

can be made of their skills?" Particularly in mental health programs is a further definition of the role of the psychologist desirable. Such a clarification will assist training programs in assessing their effectiveness in teaching skills to students, and will be of aid to employers and administrators of mental health programs in the efficient utilization of psychological services. To aid in this objective the Conference recommended:

I. *That the SREB and the APA continue to study the emerging and potential roles of psychologists.*

II. *That the SREB make an inventory of the various experiences and activities of psychologists in community mental health programs and disseminate this information.*

III. *That directors of state mental health programs and of mental hospitals as a group and the heads of psychology departments in universities as another group be encouraged to initiate conferences with each other for the following purposes:*

(1) *To discuss the jobs which need to be done and how psychologists may assist.*

(2) *To secure information on ways in which psychologists may be utilized.*

The factors which may increase the more effective utilization of the skills of the psychologist were considered. Concern was expressed that in some situations the skills and abilities of the psychologist were not utilized as efficiently as they may be. In considering the conditions which may make for a fuller use of the skills, abilities, and training of psychologists the Conference recommended:

IV. *That the SREB and the APA study ways to help employers and specifically the administrators of state mental health programs in a fully efficient use of the services of psychologists.*

V. *That, since professional training and experience of psychologists required for the mental health field have been upgraded drastically in recent years and inasmuch as the recruitment of properly qualified psychologists is now frequently limited by inadequate salary schedules, state agencies, state legislatures, Civil Service Commissioners and other groups considering the employment of psychologists in the mental health field should provide salary scales commensurate with the standards of professional training and responsibility required.*

VI. *That state and local mental health agencies should attempt as far as possible to utilize psychologists in mental health programs at planning and local policy levels along with representatives of other mental health disciplines. It was believed that such steps would increase the effectiveness of the contributions which psychologists and other mental health personnel can make to prevention and treatment of mental illness.*

VII. *That hospital administrative staffs make more effective use of the training and skills of the psychologist by broadening his role to include active participation in the planning, organization, and implementation of the hospital setting as a "therapeutic community".*

VIII. *That experimental, social, physiological and other types of psychological specialists be further utilized in the mental health field.*

IX. *In order that the skills of the limited number of available highly trained psychologists may be concentrated in more complex professional functions, consideration should be given to the most effective utilization of sub-doctoral psychological technician personnel in those settings where their work can be adequately supervised.*

TRAINING: With a greater variety of functions expected of psychologists as their roles differentiate, specific suggestions were made that training programs provide the necessary teaching and practicum experiences. The Conference recommended:

X. *That the SREB and the APA consider the effectiveness of training programs to enable students to acquire the necessary skills to carry out the functions of the psychologist.*

XI. *That continued emphasis be placed on training in research as an essential part of the preparation of the psychologist, for in research the psychologist may be able to make his greatest contribution to mental health. The concept of research in a mental health setting must be a broad one including operational research and pilot programs as well as experimental studies.*

XII. *That stipends for students in training for the doctorate in psychology be provided by responsible mental health agencies and where possible that stipends be given without indentures and with "no strings attached".*

XIII. *That the APA Education and Training Board, with the help of representatives of related mental health professions, consider the training of psychologically-oriented mental health technicians and that there be included in this study consideration of the methods of training and of the actual and potential roles of such personnel.*

XIV. *That the SREB consider methods of implementing a regional program of post-doctoral training in psychology utilizing short courses, work shops, visiting teachers, lecturers, and consultants at universities, continuation education centers, and practicum training centers.*

XV. *That the SREB study ways to increase the availability of training at the Ph.D. level.*

XVI. *That universities and the users of psychologists and especially those which are also practicum agencies be encouraged to further develop practices of cross-staff appointments and a system of free interchange of constructive suggestions.*

RECRUITMENT: There was recognition that the number of available psychologists is insufficient to fill positions. In recognizing the potential contribution of psychology and psychologists in the mental health fields, psychologists as individuals and as members of university and agency staffs would be remiss if they did not exert their influence in interesting students in opportunities in that field as well as in other fields of psychology. This influence may be expressed through such activities as:

1. Selecting carefully the teachers in departments of psychology for the beginning course in psychology.
2. Having senior psychology majors present term papers, project reports, etc., to classes of beginning students.
3. Having psychologists participate in high school career days.
4. Supplying information to guidance counselors concerning psychology as an occupation or profession.
5. Distributing occupational information such as "Psychologists in Action", Watson's "The Professional Psychologist", and Shartle's "Occupations in Psychology".
6. Offering assistance to public schools which provide courses in psychology.

To further increase the number of individuals receiving training in psychology the Conference recommended:

XVII. *That the SREB explore with colleges and universities now offering few courses in psychology or no courses in psychology ways in which a larger offering of training in psychology can be made available.*

XVIII. *That psychologists encourage and support such projects as the Social Science Research Council's stipends for a selected group of undergraduate students.*

XIX. *That the Conference encourage and support the efforts of the APA to study recruitment procedures and a plan for the recruitment of psychologists in all fields and further that specific attention be given to recruitment for mental health careers.*

XX. *That stipends be made available to students to provide summer employment in mental health settings and to engage in research activities in colleges.*

XXI. *That state psychology associations familiarize themselves with the teaching of psychology in the public schools.*

XXII. *That the SREB encourage and promote research investigations of the following types:*

1. *The attributes of successful identification figures among teachers of psychology.*
2. *The techniques of improving guidance and counseling for students interested in pursuing graduate work.*
3. *The ways of presenting psychology as a part of a broad gauged liberal arts program.*
4. *The methods of improving the teaching of psychology at undergraduate levels.*
5. *The reasons determining why people choose psychology as a career.*
6. *The factors which give rise to tensions which stem from the scientific and professional concerns of psychologists.*

XXIII. *That a program of recruitment should not be developed with a professionally ethnocentric point of view, for the problem of shortage of manpower in the many professions is a common concern.*

RESEARCH: Recognizing the central role of research in the development of effective methods of treatment of the mentally ill and of understanding of mental health problems; and recognizing that unless vigorous research in the newer methods in mental health procedures is undertaken, training and service programs will suffer and progress in the development of improved techniques may cease; and recognizing the vulnerability of research activity to service pressures, the Conference recommended:

XXIV. *That the SREB take steps:*

1. *To explore all sources of research funds for the support of regional and sub-regional centers and programs for psychological research both intra- and inter-disciplinary in nature, and*
2. *That each state mental health program give appropriate consideration to the methods of implementing psychological research designed to improve the understanding of mental health problems and of the techniques for dealing with mental health problems.*

XXV. *That responsible mental health agencies make available funds at the local level for small scale pilot and operational research to facilitate non-stereotyped, inquisitive research and to help provide a research-like atmosphere as the basic clinical climate of mental health agencies.*

AND FINALLY: Recognizing desirable actions are not necessarily self-initiating, the Conference recommended:

XXVI. *That SREB continue the Council on Psychological Resources in the South as a body to implement the recommendations of the present Conference and that the Council develop effective relationships with the Council on Mental Health Training and Research.*

The program prepared by the Steering Committee had provided for returning to small discussion groups following the general session on recommendations, in order to decide on what steps might be taken to put the recommendations into effect. However, the scope of the recommendations was so broad and the underlying assumptions involved such fundamental considerations that the participants found it difficult to reach agreement. Accordingly, the full Conference continued its discussion in the afternoon, with Dr. Clifton T. Perkins, Commissioner of the Department of Mental Hygiene, Baltimore, Maryland, in the Chair.

Concluding Panel

After the Conference had agreed on the recommendations, a panel of three speakers discussed some of the implications they had found in the proceedings of the two days. Dr. A. J. Brumbaugh, Associate Director for University Studies, SREB, moderator of this panel, announced that the panelists were going to comment on the "hidden agenda" of the Conference and that they were going to state these in the form of three questions.

"Do psychologists have a unique contribution to make?" was the first of these. Dr. Fillmore Sanford, Associate Director of the Joint Commission on Mental Illness and Health, said he believed that the particular contribution of psychologists consisted in a pattern of attitudes and beliefs formed around the conviction that human behavior makes sense, that problems involving people can

be solved through some sort of scientific approach, that there is profit in evidence and in logic, and that this knowledge can be made public, without a need to stoop to mysticism or mystery. Certain knowledges and skills are included in this attitudinal pattern. Therefore there are implications for training, for ways in which psychologists can define their function, and for ways in which they can contribute to the on-going culture.

In the discussion from the floor which followed Dr. Sanford's remarks, one participant, a psychiatrist, observed that an important part of this contribution of psychologists had been to instill in the minds of medical men the psychological aspects of human behavior, mental illness, and emotional problems, thus giving physicians new ideas of how to treat patients from more than the physical point of view. Another psychiatrist asked that continuing efforts be made toward a clear delineation of that contribution which psychologists can uniquely make to mental health programs. Dr. Russell warned against an over-identification with research to the extent that the profession might lose touch with society; psychology, he said, must function in society, and research must therefore be useful and must develop other research.

The next question posed by the panel was *"Are psychologists paranoid?"* Dr. Eliot H. Rodnick, Chairman of the Department of Psychology at Duke University, addressed himself to this. He observed that psychologists, because of their historical background of research, have problems in communicating with other mental health disciplines. The very nature of psychology—its concern with the full range of behavior in all of its facets—makes it impossible to set up a simple definition of the profession. Psychologists do not have a common, prescribed background with a focus on mental health problems; they therefore have difficulty in communication within the profession. Psychology is a group of coordinate fields with certain basic elements; it covers what no one man's knowledge could possibly encompass. The broad-gauged recommendations of this Conference, he said, were a reflection of the tremendous scope of the field of psychology. Advances in knowledge and the impossibility of predicting the future course of knowledge cause constant changes in the definition of psychology. He remarked that in this Conference the attempt to project directions but not specific trends had produced uneasiness. The psychologist, he said, to contribute effectively must work in a setting in which he is permitted to follow his curiosity as far as his competence will allow. He is concerned with his curiosity, but also with organizing it so it can lead him somewhere. In defining the field, therefore, psychologists have the difficult task of still leaving it somewhat undefined, but with a focus that is unique.

After Dr. Rodnick's remarks, one of the Conference participants objected to applying the word "paranoid" to the profession. Members of the panel replied that the term had been used loosely; that in this context it had denoted a defensive striving for status; and observed that an unusual feature of the Conference had been the freedom to raise the question of status, which was usually not talked about.

Dr. Maurice Greenhill, Director of the Institute at Jackson Memorial Hospital, Miami, Florida, raised the question, *"What is the effect of power politics on programs of mental hygiene?"* He stated that power politics definitely exists

in the mental health field, the vested power being psychiatry and the struggle more intense between psychiatry and psychology than with the other disciplines. Nursing and social work, he pointed out, have come out of a setting which is largely clinical, but psychology emerges from a different setting. The problem of power politics revolves around status, ideology, and leadership. Psychiatry is becoming aware that mental health programs must have guiding leaders rather than omnipotent directors, but it is going to take time to overcome the traditions of many years in the profession. The psychologist in many instances is going to have to accept the difficult role of ghost leader. He has the kind of orientation which will permit him to advance to produce leadership. He will of necessity attract to himself some of the tasks and professional loyalties from the other disciplines. The solutions, Dr. Greenhill said, are not easy. The problem must be met at the administrative level; the psychologist is going to have to be included in planning, and he is going to have to continue to speak. Training can help solve the problem, by improving communication between the disciplines and broadening the ideological structures. Small conferences of highly motivated people involved in this problem should analyze its elements and its social implications. All the mental health disciplines must be aware of the problem, must bear with it and face the struggles that are going to ensue.

Conference participants suggested that the power struggle would become less important if the mental health program was truly patient-centered. Dr. Greenhill observed, however, that as soon as one discipline begins to want to contribute more, there is a threat to the others. A delegate remarked that interprofessional frictions were not confined to mental health work, and that they were beneficial in the long run; their presence means something is going on, and without them nothing would take place. The Conference thanked the panel for an excellent presentation.

Activities Since the Conference

Participants' Evaluation

AFTER THE CONFERENCE the SREB sent questionnaires to all participants asking for their reactions and comments. Most replies remarked on the helpfulness of the meeting in providing an opportunity to share ideas and information and to test values with others. Many had experienced a broadening of perspective. Other benefits noted included a recognition of the mutuality of problems and the opportunity to examine these problems in a multidisciplinary group.

The majority of the participants were of the opinion that a most significant outcome of the Conference was a focusing of attention on the need for clarification and enlargement of the definition of the psychologist's role in mental health programs. Five stated that the Conference had changed their concept of this role, four said their concepts of this had changed "somewhat", and seven that their concepts had expanded or crystallized. The changes were in the direction of a broader concept of role: the psychologist serves not only in diagnosis and re-education or psychotherapy; he also serves as a consultant for program planning and development and works with communities in appraising their needs and

programs. As the psychologist plays a greater part in mental health programs, he moves away from the limitations of the traditional medical setting to a greater role in preventive mental health programs.

Some of the questionnaire replies observed that the expansion of role makes desirable a more general approach in training as opposed to highly specialized skill-training; that university programs need to enlarge their concepts of the role of the psychologist, for at present there is little if any training being given for some of the newer activities described. They noted a need to re-orient thinking about university training programs as they relate to a broad mental health program.

The participants clearly recognized that more problems and issues were raised at the Conference than were settled, that psychologists face very challenging opportunities, and that the profession must exercise very careful selection and planning in the choice of courses of action for the future.

Post-Conference Meeting of Steering Committee

On January 25-26 the Steering Committee reconvened in Atlanta to discuss significance of developments at the Conference and to advise on necessary and desirable follow-up activities. The Committee outlined the following as important next steps:

1. Increasing the extent and type of communication between training institutions and mental health services, by:
    a. Visiting university departments, hospitals, clinics, etc., to bring up to date knowledge of the resources and potentialities of the region, the problems which are recognized, the new ideas being developed, the experimentation and research under way, the attitudes and interests relating to mental health, and the recruitment possibilities.
    b. Publishing a newsletter to disseminate information secured in (a) above, to inform of developments within and outside the region in training programs, clinical practices, etc.
    c. Securing money for travel of hospital and clinic psychological personnel to see other programs.
2. Increasing training by:
    a. Organizing in one or several training centers a summer workshop for teachers of psychology in undergraduate colleges to acquaint them with mental health programs.
    b. Recommending to university psychology departments that they invite clinicians to give lectures, lead discussions, meet with students, etc., and that clinics and hospitals invite faculty members to visit and work with them. This program may be implemented through the assistance of state mental health authorities.
    c. Establishing model training programs.
    d. Encouraging use of hospitals and clinics for training purposes.
    e. Exploring the possibility of a regional community mental health program and providing a post-doctoral training program.

3. Improving the kinds of relationships among psychologists in different settings, and between mental health agencies by:
    a. Holding a conference of state mental health authorities and representatives from training facilities to pool resources, to develop joint programs, to explore further methods of utilizing mental health resources for training of personnel, etc.
    b. Encouraging multidisciplinary groups in several communities to consider roles and team-work practices.
4. Requesting groups such as:
    a. The APA to examine the question of mental health technicians as to functions they can perform, the training needed, job descriptions, etc.
    b. Psychologists living in a community to meet in workshops to define role. (Suggested: Atlanta, Charlottesville, Nashville, New Orleans, Birmingham, Lexington, etc.)
    c. The Council on Psychological Resources to work with state psychology associations to
        (1) Provide time in annual meeting for bringing together trainers and users to discuss questions of common concern.
        (2) Become familiar with the teaching of psychology in public schools in their own states and to offer assistance in such programs.
        (3) Distribute information such as the pamphlet "Psychologists in Action" or Shartle's article "Occupations in Psychology" about career opportunities in mental health.
5. Collecting information as to:
    a. The course offering of psychology in undergraduate colleges in the region.
    b. Research opportunities for psychologists in mental health agencies.
    c. Model training programs in psychology departments and in state mental health programs.
    d. The different kinds of practices which are present in mental health programs.

The Steering Committee did not feel it necessary at the present time to make further effort to define role. The question of role as well as some other questions raised at the Conference are of significance and they felt that these should be studied by some national body with the Southern States cooperating in any way they can.

The Committee felt another conference might be desirable in a year or more but that much preparatory work is first necessary.

Activities in the Several States

Conference participants have reported a number of interesting plans, programs, and events for which they attribute some degree of influence to the ideas and discussions of the Conference.

The Conference stimulated renewed efforts to institute a Ph.D. program in psychology at the University of Alabama. The Alabama State Mental Health Association included in its recommendations to the Legislature an appropriation item for a doctoral program in psychology.

In Georgia the Conference participants living in and around Atlanta have met to continue discussion of the role of the psychologist in mental health programs.

The recommendations of the Conference were presented to the Louisville, Kentucky, Psychological Society for information and discussion.

Louisiana State University produced several television shows and a series of taped radio broadcasts giving general public information about the profession of psychology, sponsored a high school career day conference on psychology, and distributed descriptive pamphlets and reprints. The President of the Louisiana Psychological Association, Dr. Joseph Dawson, gave his presidential address on the topic "The Psychologist in Mental Health".

In Mississippi a group of psychologists met on April 26 and received a report of the Conference. Out of this meeting a state psychological association was formed. The new association expects to carry through on many of the Conference recommendations. At the Veterans Administration Hospital in Biloxi, staff meetings discussed the Conference, as well as the preceding Conferences on Social Work and Psychiatry and other aspects of the Regional Mental Health Program.

The participants from Oklahoma believed that the Conference gave added impetus to a number of activities already initiated in the State. These include: issuing of a newsletter by the State Psychological Association; introduction into the Legislature of a bill to regulate the practice of psychology; organization of new local mental health associations; revision of the psychology curriculum at the University of Oklahoma, with special emphasis on clinical psychology; improvements in the practicum facilities for clinical doctoral programs.

Similarly, South Carolina participants felt that the Conference had thrown into sharper relief certain needs and problems and hence expedited plans for their solution. It aided in clarifying what needs to be done to develop a coherent treatment program, with a pool of resources on one team; in furthering plans for developing a multidisciplinary training, treatment, and research setting; in encouraging the provision of ward meetings in which the patients can express their attitudes and of nursing conferences for airing difficulties and developing channels of communication; and in stimulating group therapy experimentation on the "therapeutic social system".

At the University of Texas, representatives of community clinics and of the State Health Department met with University representatives to discuss training problems. The University began actively planning a post-doctoral program.

Discussion of many of the questions raised at the Conference occurred in staff meetings in the Virginia Department of Mental Hygiene and Hospitals and in the hospitals of the State.

Outside the Region

Dr. Fillmore Sanford reacted to the questions raised at the Conference by the preparation of a paper which he read at the annual meeting of the Southeastern Psychological Association.

The Education and Training Board of the American Psychological Association discussed the recommendations of the Conference; and the Program Committee for the annual meeting of the APA plans to include symposia on issues raised at the Atlanta Conference.

Southern Regional Education Board

To provide a basis for planning for ways of interesting more students to enter the field of psychology, the SREB Mental Health Staff has begun securing information about the number of students applying for graduate training in that field. Data are being gathered from the nine departments in the region approved for doctoral training in the clinical area. A preliminary report from incomplete data shows that less than 50% of the applicants accepted for graduate study in clinical psychology in 1956 actually enrolled. However, out of 315 total applications, there were only 27 names appearing on applications at more than one institution. The majority of applications come from outside the South. Of those who enrolled, 66% came from the state in which the university is located, 50% from other states in the region, and 46% from outside the region. Low grades were the chief reason for rejection of applications. The staff hopes to complete this survey and make the findings available as a guide to recruitment.

APPENDICES

Appendix I

Conference participants were given data relevant to the need for psychologists in mental health programs in the South and the resources for their training. These data are not reproduced in this report. Mimeographed copies of the data may be secured by writing to the Southern Regional Education Board, 881 Peachtree Street, N.E., Atlanta 9, Georgia. The list below indicates the specific material available:

I. Why Do We Need Mental Health Personnel?

1. "The Mental Health Problem Today" and "Costs of Mental Illness", data from Fact Sheet issued by National Institute of Mental Health, April, 1956.
2. Mental Health Data for Fiscal Year 1955 (Table from ***Public Health Reports,*** 71:3. Shows totals of state mental hospitals' admissions, discharges, personnel, expenditures.).
3. Special Report on Mental Patients in Public Hospitals for Mental Disease, Fiscal 1955 (Table).
4. Mental Health Services in Southern States (Table showing numbers of state hospitals, V. A. hospitals, community clinics, hospital clinics, V. A. clinics, by states).

II. What Is the Need for Clinical Psychologists in the Southern States?

1. "The States must have more trained personnel in mental health programs." Excerpt from *Mental Health Training and Research in the Southern States* (Atlanta: SREB, 1954), p. 2. Summary statement regarding the number of mental health personnel available in the region and the additional number needed to meet standards.
2. Demand and Need for Mental Health Personnel in 16 Southern States (Table).
3. Psychologists in V. A. Programs (Table).
4. V. A. Psychologists, Trainees and Estimated Staff Needs (Graph).
5. Desirable Personnel Ratios for Public Mental Hospitals (Table).
6. Psychologists Needed for Public Mental Hospitals in the Southern States (Table).

III. Where Does the South Train Clinical Psychologists?

1. Listing of doctoral training programs in psychology in the South.
2. Listing of masters' degree programs in clinical psychology in the South.
3. Number of Students Who Can Be Accommodated in Southern Universities with Present Staff and Facilities (Table showing total student capacity of the South's graduate programs in psychology).
4. Practicum Agencies Used by Graduate Programs in Clinical Psychology in the South (Listing of total student capacity and number and types of agencies).
5. Financial Aid (Summary statement of number, distribution, and value of financial aid offered by Southern universities for graduate work in psychology).

6. Institutions Offering Public Health Service Traineeships in Clinical Psychology for the Academic Year 1956-57 (Listing).

IV. How Many Students Are In Training?

1. Per Cent of Psychology Degrees to Total Degrees Awarded (Graph).
2. Per Cent of Degrees Awarded in the South to Total Degrees Awarded in the U. S., for All Fields and for Psychology (Graph).
3. Per Cent Psychology Degrees Are of Total Degrees Awarded, 1954-55, by States (Table).
4. Number of Psychology Degrees Awarded (Table showing the totals of doctors' and masters' degrees awarded in the South in clinical psychology and in other areas of psychology in 1950-51 and 1955-56).
5. Number of Full-Time Students in Psychology in the South (Table showing total numbers of doctoral, masters, and undergraduate majors in clinical psychology and in other areas of psychology in the South in 1950-51 and 1955-56).
6. Applicants for Admission to Graduate Work in Psychology, Fall, 1956 (Summary showing total number applying, number accepted, in Southern States).
7. Origin of Clinical Students, 1956-57 (Table showing number from same state, adjoining state, other states in region, and outside of region).

In addition to the data listed above, the Conference was provided with material on the general characteristics of psychologists which Dr. Kenneth E. Clark and the American Psychological Association had generously made available to the meeting in advance of its publication in Dr. Clark's book, *American Psychologists: A Survey of a Growing Profession.*

Appendix II

CLINICAL PSYCHOLOGISTS IN THE SOUTH AND IN THE NATION

*Roger W. Russell, Ph.D.**

Our Responsibilities for Mental Health

The last century has seen improvements in public health which can only be described as phenomenal. Communicable diseases, which during previous centuries had laid low entire populations, sapped the vitality of nations and even caused the disappearance of cultures, are now practically unheard of in many parts of the world. The majority of these were caused by biological agents which could be controlled once their nature was discovered. Such discovery could be achieved by teams of research experts, working principally on their own, and control could be facilitated by enlightened legislation. We know the results of these labors of a few; that because of efforts of this kind, life expectancy has been increased from 47 to 70 years since 1900.

We also know that other matters of the public health were more difficult to control even when their causes were discovered, principally because control called for cooperation from society as a whole and could not be achieved solely by legislation or the devotion of individuals. Control of such illnesses as tuberculosis, poliomyelitis, and cancer depends upon early diagnosis and their prevention, upon a well-informed and cooperative society.

Mental illness and health are "social" problems in this sense of the word social. There is still a formidable amount of work for research teams in discovering the disposing factors in mental health, but there are equally formidable tasks of public education if we are to achieve maximum success in prevention, diagnosis and treatment. We are all acquainted with statistics which show the magnitude of problems of mental illness in the public health today. The National Institute of Mental Health estimates that, in any one year, about six per cent of the people in the United States need help at some time or other with problems arising from emotional difficulties. The costs to human happiness and the public wealth are enormous. There is a great need for the development of methods for educating the population generally regarding matters of mental health and for the training of specialists who are capable of searching for and applying the best methods of prevention, diagnosis and treatment.

Clinical Psychologists

This Conference is concerned primarily with one type of such specialist—the psychologist—and my main responsibility at the moment is to present some information which will aid us in viewing clinical psychologists as they are now to be found in the South and in the nation.

Training and recruitment. I would like to look first at information relevant to one of the main items on the agenda of the Conference: "How can we train and recruit more psychologists?"

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*Executive Secretary, American Psychological Association.

The clinical psychologist has firmly established his role in mental health programs generally primarily because he has demonstrated the valuable contributions which persons of his training and experience can make toward achieving the objectives of such programs. This demonstration has resulted in a demand for increasing numbers of this species of psychologist, and with the demand have arisen problems of selection and training at a level which psychology as a profession has not previously faced. The trend has been toward a standardization of training which will ensure that the qualified clinical psychologist possesses certain points of view, skills and knowledge. Standardization has meant establishment and evaluation of training programs in terms of general principles and not in terms of particular molds which would hinder new ideas and developments. The various university programs are characterized by individual differences within these general principles.

At the present time there are 45 departments in the United States recommended for their training programs in clinical psychology and six other departments have indicated that they are in the process of building up their facilities in this training area. Of the recommended departments nine are in the region which is of particular interest to this Conference. Recommended departments are distributed rather unevenly among these sixteen states (Table 1), six of which have one or two departments and ten have none. These departments constitute 20 per cent of the recommended departments in the nation, but are considerably less concentrated than similar departments in the Northeast and the Middle West. I think we would all agree that the excellence of our clinical psychology is dependent to a great extent upon the availability of sound training programs. Therefore, we may wish to consider the numbers and distribution of such programs when we discuss means of meeting needs for clinical psychologists.

The numbers of students who can become qualified in these recommended programs are, in a large part, a function of the numbers taking undergraduate degrees in psychology (Table 1). Data available for the academic year 1954-55 show that somewhat less than 1,000 bachelors' degrees in psychology were awarded by colleges and universities in the Southern region and that these constituted 18 per cent of such degrees conferred in the nation as a whole. These schools during this period granted 17 per cent of the nation's masters' degrees and 11 per cent of its doctorates in psychology. By no means all of those achieving graduate degrees were qualified in the clinical field. The figures for 1954-55 suggest that relatively few students taking undergraduate degrees in psychology continue their training until they achieve the doctoral qualification. Some of this wastage may be due to lack of interest or ability, some to attrition under the rigors of graduate education, and some to a shortage of training facilities. There certainly must be ways of overcoming these difficulties if there is a sufficient need for increasing the numbers of fully-qualified psychologists and if this need is recognized.

Psychologists presently employed in clinical programs. A second main item on our present agenda has also been stated as a question: "How can we use present psychologists more effectively in mental health programs?" Discussion of this question may be facilitated if we begin with some background information regarding the education and functions of psychologists already employed in clinical posts. With the help of Dr. R. H. Bare of our central office it has been possible

to re-analyze the data obtained by the National Science Foundation's 1954-55 survey of psychologists and to compare certain characteristics of psychologists professionally employed in activities of a clinical nature in the sixteen Southern States with those of such psychologists in the nation as a whole. The comparisons are based primarily upon information provided by all psychologists who returned the National Science Foundation questionnaire and who checked clinical psychology as both their major field of specialization and the area in which they were employed. I cannot resist the temptation to point out that of these psychologists in the South only seven per cent were not APA members and those who were not were almost entirely at pre-doctoral stages in their education. The descriptions, therefore, are of American Psychological Association members specialized and employed in clinical psychology.

It will not surprise you to learn that clinical psychologists employed in clinical positions are much more likely to be male than female. The percentages were 78 per cent male and 22 per cent female in the Southern region as compared with 71 per cent and 29 per cent in the nation as a whole. It seems that more Southern women are attracted to other pursuits.

What may surprise you are the educational backgrounds of our clinical psychologists. Despite considerable pressure to become qualified at the doctoral level, the survey showed that only about half of them held such degrees (Table 2). This may be accounted for, in part at least, by the fact that another 30 per cent had masters' degrees plus some additional graduate training and may have been in the process of completing the full qualification. In terms of their educational background generally, Southern clinical psychologists compared very favorably with those in the nation as a whole.

The extremely rapid growth of clinical psychology since World War II might lead us to expect that the majority of clinical psychologists would have been employed professionally for ten years or less. The National Science Foundation data certainly bear out this expectation, although there were the grandfathers who had been active in the field for as long as 53 years (Table 3). Professional longevity was very similar in the Southern region and in the nation.

The percentages of clinical psychologists employed in clinical posts in the Southern region varied considerably in their distribution among the various states. Table 4 lists the states in order of these percentages. This distribution must be influenced by a number of factors, but particularly, I should think, by the location of clinical facilities sponsored by the Federal Government.

Psychologists in clinical activities were employed in largest numbers by the federal government, including the Armed Services: with state or local governments, not including educational institutions, in second place (Table 5). Colleges and universities were the third most heavy investors. The data reveal one trend which may be of particular interest in our later discussions. It appeared that the clinical psychologist in the Southern region depended more frequently upon the federal government for employment than did the clinical psychologist in the nation as a whole. He also was less frequently employed by non-profit foundations and by private hospitals and clinics.

The type of activities in which clinical psychologists are engaged when employed in clinical posts may vary considerably. When asked to describe their most important functions the largest percentage in the National Science Founda-

tion sample listed general clinical practice (Table 6). However, this function was selected by less than half of the clinical psychologists both in the Southern region and in the nation. Test administration and interpretation came next and, considerably less frequently, administration-supervision, teaching, and individual research, in that order. We can see from Table 6 that the most important functions of clinical psychologists in the South and in the nation were very similar indeed.

So far I have been speaking of psychologists employed in the clinical field who also claimed this field as their specialty. It interests me that, of *all* persons employed in clinical psychology in the Southern region, 10 per cent reported themselves as most competent in some other field (Table 7). I would like to interpret this as meaning that those responsible for mental health programs recognize the contributions which specialists other than those trained in clinical methods and skills can make in the attack on mental health problems and that these other specialists are interested in applying their knowledge and talents to these extremely important problems.

If, during 1954-55, the Southern region were to have mobilized its full force of clinically competent psychologists, it would have found that 12 per cent of all its psychologists were so qualified but were employed in other fields (Table 8). Many of these were engaged in work, such as counseling, educational and school psychology, which called for much of the skill they had acquired in their clinical training and experience. In my opinion it is entirely desirable that clinically-trained psychologists do take posts in other fields. Indeed, a broad point of view regarding mental health would encourage them to go wherever their skills and knowledge enable them to make useful contributions. Consequently, it may be important for our future discussions at this Conference to bear in mind that not all clinically-trained persons will take posts in clinical programs.

Need for clinical psychologists in the Southern states. This gives us a general picture of clinical psychologists in the Southern states and indicates that, in the characteristics I have described, they are very similar to clinical psychologists in the nation as a whole. It leads us to another major question of this Conference: "What is the need for clinical psychologists in the Southern region?"

This question, perhaps in somewhat different forms, is currently very familiar. To answer it is not easy, for the answer depends upon a number of assumptions regarding such matters as desirable staffing ratios and the scope of mental health programs generally. All attempts at answers that I have seen indicate an urgent need for providing qualified clinical psychologists in much larger numbers than at present available. Even the purely empirical criterion of demands for clinical psychologists supports this conclusion. Estimates based upon standards established by the American Psychiatric Association of one clinical psychologist per 10,000 of the population lend further support—and these are considered to be very minimum standards indeed in comparison with those we ourselves would be likely to advocate.

What are the possibilities of meeting this need in the foreseeable future? Here the answer is very pessimistic. Data accumulated by the Southern Regional Education Board state the present regional need as 612 clinical psychologists for mental hospitals and for all purposes a total of 4260. The Board also points out that in the region during the years 1954-55 and 1955-56 only 147 persons

qualified as clinical psychologists. Albee, in a paper at the 1956 APA Convention, presented this same dreary outlook for the nation as a whole. He ended his paper by saying:

> We can only conclude this survey with the prediction that our country will continue to be faced with personnel shortages in psychiatry, psychology, and social work for years to come. Barring the possibility of a massive national effort in all areas of education, or the possibility of a sharp breakthrough in mental health research, the prospects are pessimistic for improvements in the quantity or quality of service in the field of mental health.

Need to Re-examine the General Problems of Mental Health

Undoubtedly this outlook has already raised questions in your minds, as it has in others, regarding the importance of re-examining the general problems of mental health. Are there ways in which psychology can make its contribution in addition to increasing the production of qualified clinical psychologists? The most important functions listed by clinical psychologists in the Southern States as well as the variety of fields in which they claim primary competence suggest that this general question is not entirely inappropriate to raise at the very beginning of this Conference on Psychologists in Mental Health Programs.

There certainly appear to be useful roles in such programs for psychologists trained and experienced in fields other than clinical. Both the Veterans Administration and the U. S. Public Health Service have taken a lead in finding places in their hospitals and laboratories for experimental, comparative, physiological, social and other breeds of psychologists. The Veterans Administration is supporting an impressive number of trainees in these various fields at the present time. From the long-range point of view we must take in attacking such a complex and difficult problem as mental illness and health, it would seem wise to enlist all the relevant talents and skills possible.

In addition to caring for the mentally ill we must develop our knowledge of prevention, diagnosis and treatment as rapidly as we can. From the data I have examined in preparing for this Conference and from discussions with colleagues, two aspects of this need for knowledge impress me particularly. The first concerns research. Returning to the National Science Foundation data we find that only 6% of clinical psychologists in the Southern states and 5% in the nation as a whole described individual research or research supervision as their most important function. Of course specialists in other areas are also making their contributions, but still the numbers seem relatively small for the significance of the problems with which they are faced. Sound and rigorous research programs have their places in our over-all attack on these problems alongside sound and rigorous programs for the care of those already ill.

A second aspect of our need for knowledge which particularly impresses me is the very large one concerned with generally educating our society in matters of mental health. We have considerable experience with educational methods in the solution of other public health problems of a "social" nature. These and new methods may well be put to good use in social institutions such as the workplace, the school, the church, and the club. Here the skills of psychologists specializing in social behavior and in education may be particularly valuable.

The subject of our Conference is "Psychologists in Mental Health Programs," so perhaps I need not apologize for deviating somewhat from my specific topic. It does seem to me that clinical psychologists in the South and in the nation should be viewed in terms of the broadest needs of mental health programs generally. When we attempt to do this we find that they are in short supply and are likely to remain so for some time to come. We see that their colleagues, trained in other psychological specialties, may be enlisted advantegeously in the general attack on problems of mental health and illness. In both instances training and effective use of present psychologists become matters of major concern. The information I have given you suggests that these problems are similar in the South and in the nation and this Conference can make a really significant contribution if it can arrive at some possible solutions.

Table 1

College and University Departments (1) with Recommended Doctoral Programs in Clinical Psychology and (2) Granting Undergraduate and Graduate Degrees in Psychology (1954-55)

(1)	(2)	(3)	(4)	(5)	(6)
			Number of Degrees in Psychology (1954-55)		
State	Number of Schools	Recommended Clinical Programs	Bachelor's	Master's	Doctorate's
Alabama	7	0	20	10	0
Arkansas	7	0	32	3	0
Delaware	1	0	0	5	0
Florida	7	2	95	29	15
Georgia	10	0	43	4	0
Kentucky	8	1	44	10	12
Louisiana	5	1	24	9	4
Maryland	7	0	93	3	6
Mississippi	5	0	20	1	0
North Carolina	11	2	73	10	5
Oklahoma	6	0	65	14	6
South Carolina	5	0	28	6	0
Tennessee	14	2	89	19	12
Texas	22	1	162	63	17
Virginia	12	0	164	20	1
West Virginia	6	0	25	7	0
South	133	9	977	213	78
Nation		45	5,532	1,293	688
Per Cent of Total		20	18	17	11

Table 2

EDUCATIONAL BACKGROUNDS

Level	South N	South %	Nation N	Nation %
Bachelor's plus postgraduate work	31	6	228	6
Master's degree	45	8	262	7
Master's plus additional postgraduate work	164	30	1,385	39
Doctoral degree (PhD, ScD, EdD)	301	56	1,681	47
Total	544	100	3,556	99

*In all tables percentages have been rounded to the nearest per cent, which accounts for the fact that not all totals reach 100%.

Table 3

NUMBER OF YEARS EMPLOYED PROFESSIONALLY AS PSYCHOLOGIST

Years	South N	South %	Nation N	Nation %
1	40	8	289	8
2	62	12	398	12
3	85	16	437	13
4	61	11	379	11
5	57	11	280	8
6-10	104	20	846	24
11-15	52	10	384	11
16-20	36	7	209	6
21-36	34	6	222	6
37-53	0	0	12	0
Total	531	101	3,456	99

Table 4

STATE IN WHICH EMPLOYED

State	N	%
Texas	88	16
Maryland	77	14
Virginia	65	11
Florida	53	10
Tennessee	38	7
North Carolina	37	7
Georgia	31	6
Louisiana	27	5
Kentucky	24	4
Oklahoma	24	4
Alabama	18	3
West Virginia	16	3
Mississippi	13	2
Arkansas	12	2
Delaware	11	2
South Carolina	10	2
Total	544	98

Table 5

TYPE OF EMPLOYER

	South		Nation	
	N	%	N	%
Federal government, including Armed Forces	197	36	902	25
State or local government (not educational institutions)	131	24	1,033	29
College or university	116	21	642	18
Non-profit foundations, private hospitals and clinics	41	8	496	14
Private industry, self-employed	31	6	217	6
Other educational institutions	14	3	146	4
Other non-profit organizations	8	1	86	2
Private industry-employee	5	1	51	1
Total	543	100	3,573	99

Table 6

MOST IMPORTANT FUNCTIONS

	South		Nation	
	N	%	N	%
Clinical practice	214	39	1,424	40
Test administration and interpretation	157	29	1,158	32
Administration, supervision (other than research)	72	13	431	12
Teaching	47	9	277	8
Individual research	20	4	101	3
Research direction or supervision	12	2	59	2
Consulting	10	2	80	2
Other	12	2	53	1
Total	544	100	3,583	100

Table 7

EMPLOYED IN THE CLINICAL FIELD, BUT WITH MAJOR COMPETENCE IN ANOTHER SPECIALTY

Specialty	N
Counseling	15
Developmental	8
Educational	2
School	1
Experimental, Comparative, Physiological	5
General	2
Personnel	2
Personality	23
Quantitative	3
Social	5
Total	66
Total employed in clinical field	631

Table 8

MAJOR COMPETENCE IN CLINICAL PSYCHOLOGY, BUT EMPLOYED IN ANOTHER SPECIALTY

Specialty	N
Counseling	17
Developmental	6
Educational	15
School	11
Experimental, Comparative, Physiological	3
Human Engineering	1
General	3
Industrial	2
Personnel	4
Personality	1
Quantitative	0
Social	3
Other	9
Total	75
Total with major competence in clinical field	639

Appendix III

STEERING COMMITTEE

Dr. Joseph G. Dawson, Chief Clinical Psychologist, Southeast Louisiana Hospital, Mandeville, Louisiana

Dr. J. J. Head, Clinical Director, Mississippi State Hospital, Whitfield, Mississippi

Dr. Halsey M. MacPhee, Chairman, Department of Psychology, University of Delaware, Newark, Delaware

Mr. Wm. J. McGlothlin, Acting Head, Southern Regional Program in Mental Health Training and Research, SREB, Atlanta, Georgia

Dr. Paul W. Penningroth, Consultant on Clinical Psychology, Southern Regional Program in Mental Health Training and Research, SREB, Atlanta, Georgia

Dr. Clifton T. Perkins, Commissioner, State Department of Mental Hygiene, Baltimore, Maryland

Dr. Robert Reiff, Chief Clinical Psychologist, Chattanooga Guidance Clinic, Chattanooga, Tennessee

Dr. Eliot H. Rodnick, Head, Department of Psychology, Duke University, Durham, North Carolina

Appendix IV

ROSTER OF PARTICIPANTS

Dr. Carl L. Altmaier, Area Chief, Psychology Service, Veterans Administration, Atlanta, Georgia

Dr. John P. Anderson, Professor and Chairman, Department of Psychology, University of Arkansas, Fayetteville, Arkansas

Mr. Jesse H. Bankston, Director, State Department of Hospitals, Baton Rouge, Louisiana

Dr. Earl Baughman, Associate Professor, Department of Psychology, University of North Carolina, Chapel Hill, North Carolina

Dr. John Bell, Psychiatrist and Associate Professor, University of Louisville School of Medicine, Louisville, Kentucky

Dr. Irwin A. Berg, Professor and Chairman, Department of Psychology, Louisiana State University, Baton Rouge, Louisiana

Dr. Genevieve K. Bixler, Head, Nursing Education Project, SREB, Atlanta, Georgia

Dr. Wilfred Bloomberg, Chief, Psychiatry and Neurology Section, Veterans Administration Hospital, Boston, Massachusetts

Dr. Carl A. Bramlette, Jr., Coordinator, Mental Health Education, South Carolina Mental Health Commission, Columbia, South Carolina

Dr. A. J. Brumbaugh, Associate Director for University Studies, SREB, Atlanta, Georgia

Dr. Clair H. Calhoon, Mental Health Consultant, Department of Health, Education, and Welfare, Public Health Service, Region IV, Atlanta, Georgia

Dr. Alvis W. Caliman, Chief Clinical Psychologist, Veterans Administration Hospital, Tuskegee, Alabama

Dr. James S. Calvin, Professor, Department of Psychology, University of Kentucky, Lexington, Kentucky

Dr. Arthur Canter, Associate Professor of Medical Psychology, Henry Phipps Psychiatric Clinic, Johns Hopkins Hospital, Baltimore, Maryland

Dr. James F. Carruth, Assistant Professor and Chief Clinical Psychologist, University Counseling Center, West Virginia University, Morgantown, West Virginia

Dr. Louis D. Cohen, Associate Professor, Department of Psychology, Duke University, Durham, North Carolina

Miss Roberta M. Copenhaver, Supervisor, Psychiatric Social Service, Department of Mental Hygiene and Hospitals, Richmond, Virginia

Dr. Neil W. Coppinger, Chief, Psychology Training Unit, Veterans Administration Hospital, Augusta, Georgia

Dr. Elizabeth Couey, Educational Consultant, Couey and Couey, Atlanta, Georgia

Dr. Fred Couey, Educational Consultant, Couey and Couey, Atlanta, Georgia

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Dr. Herdis L. Deabler, Chief Psychologist, Gulfport Division, Veterans Administration Center, Biloxi, Mississippi

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Dr. Melvin B. Drucker, Clinical Psychologist, Fulton-DeKalb Child Guidance Clinic, Fulton County Public Health Department, Atlanta, Georgia

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Miss Theresa M. Fernandez, Associate Professor, Psychiatric Nursing Education, School of Nursing, University of Maryland, Baltimore, Maryland

Dr. Frank M. Gaines, Commissioner, Department of Mental Health, Louisville, Kentucky

Dr. Norman Garmezy, Psychologist, Training and Standards Branch, National Institute of Mental Health, Bethesda, Maryland

Dr. Winfred L. Godwin, Regional Programs Associate, SREB, Atlanta, Georgia

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Mrs. Elisa Haga, Nursing Instructor, Central State Hospital, Petersburg, Virginia

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Mr. Paul Harkey, DeLeuw, Cather Co., Engineers, Oklahoma City, Oklahoma

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Dr. Robert Reiff, Chief Clinical Psychologist, Chattanooga Guidance Clinic, Chattanooga, Tennessee

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Mr. John T. Rowell, Chief Clinical Psychologist, Department of Psychology, Milledgeville State Hospital, Department of Public Welfare, Milledgeville, Georgia

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Mr. M. O. Wilson, Professor, Department of Psychology, University of Oklahoma, Norman, Oklahoma

Dr. Robert S. Wilson, Clinical Psychologist, Community Guidance Center, Oklahoma City, Oklahoma

Dr. Philip Worchel, Professor, Department of Psychology, University of Texas, Austin, Texas

SREB STAFF

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Miss Jean Johnson, Stenographer

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Dr. Paul W. Penningroth, Consultant on Clinical Psychology, Mental Health Program, *Conference Director*

Mrs. Mary Howard Smith, Mental Health Program Assistant, *Assistant Conference Director*

Mr. Sebastian Sommer, Assistant to the Director

Mrs. Peggy Stephens, Secretary

Appendix V

THE SOUTHERN REGIONAL EDUCATION BOARD AND ITS MENTAL HEALTH PROGRAM

The Southern Regional Education Board was established in 1949 under interstate compact. The Southern Regional Education Compact now includes the states of Alabama, Arkansas, Delaware, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, and West Virginia. The SREB has as its purpose to assist states, institutions, and agencies concerned with higher education in their efforts to advance knowledge and to improve the social and economic level of the Southern region. Its function is to explore areas of graduate, professional, and technical education, to recommend action and develop interstate collaboration in these areas. Members of the SREB are the governors of the Compact states and four additional members appointed by each governor.

In 1954 the SREB undertook, at the request of the Southern Governors' Conference, a survey of training and research in mental health in the 16 Compact states. The region-wide conference which assembled to examine the results of this survey recommended a continuing agency for concern and action in mental health training and research in the South. The Southern Governors' Conference then asked the SREB to organize, as an integral part of its program, a Council and staff to assist states to strengthen their training and research in mental health by consultation and advice, by working out regional arrangements as appropriate, and by searching for various ways to promote training and research activities in mental health.

The Southern Regional Council on Mental Health Training and Research was organized in July, 1955. It advises the SREB in activities pertaining to mental health. One person is appointed to the Council by the governor of each state. In addition, half as many persons are appointed to it by the SREB. The Mental Health Training and Research staff is a coordinate unit of the staff of the SREB. Each state participating in the Mental Health Program pays $8,000 a year to support its work. The National Institute of Mental Health has made money available to help finance the first two years, pending opportunity for legislative action by all the states.

The Southern Regional Council on Mental Health Training and Research*

Officers

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Vice Chairman—Dr. M. A. Tarumianz, State Psychiatrist, Farnhurst, Delaware

Executive Committee—Dr. Mary K. Carl, Chairman, Graduate Nurses' Programs, School of Nursing, University of Maryland, Baltimore, Maryland; Dr. Nicholas Hobbs, Chairman, Division of Human Development and Guidance, George Peabody College for Teachers, Nashville, Tennessee; Dr. Cyril J. Ruilmann, Commissioner, Department of Mental Health, Nashville, Tennessee

*As of July 1, 1957.

Other Members

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Dr. Hiram W. Davis, Commissioner, Department of Mental Hygiene and Hospitals, Richmond, Virginia

Honorable J. R. Hall, Jr., State Senator, Miami, Oklahoma

Dr. George T. Harrell, Dean, College of Medicine, University of Florida, Gainesville, Florida

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Dr. J. W. Murdoch, General Superintendent, North Carolina Hospitals Board of Control, Raleigh, North Carolina

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Dr. Clifton T. Perkins, Commissioner, Department of Mental Hygiene, Baltimore, Maryland

Dr. Guy V. Rice, Director, Health Conservation Services, State Department of Public Health, Atlanta, Georgia

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Ruth Ward, Stenographer

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Other Fields

Robert C. Anderson, Director

Wm. J. McGlothlin, Deputy Director

*As of July 1, 1957.

A. J. Brumbaugh, Consultant for University Studies and Research
John K. Folger, Associate Director for Research
Winfred L. Godwin, Associate Director for Regional Programs
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Graham Roberts, Director of SIRF
Sebastian Sommer, Assistant to the Director
Peggy Stephens, Assistant to the Director
Mary Jane Harrison, Research Assistant

Appendix VI

SREB PUBLICATIONS RELATED TO MENTAL HEALTH

**An Atlas on Mental Health Training and Research in the Southern States (1954)*

**Mental Health Training and Research in the Southern States: A Report to the Southern Governors' Conference (1954)*

**The Mental Health Program: SREB (1956)*

Today and Tomorrow: Summary Report of a Panel on Organization and Conduct of State Mental Health Programs (1956)

Social Work Personnel for Mental Health Programs (1956)

Psychiatrists for Mental Health Programs (1956)

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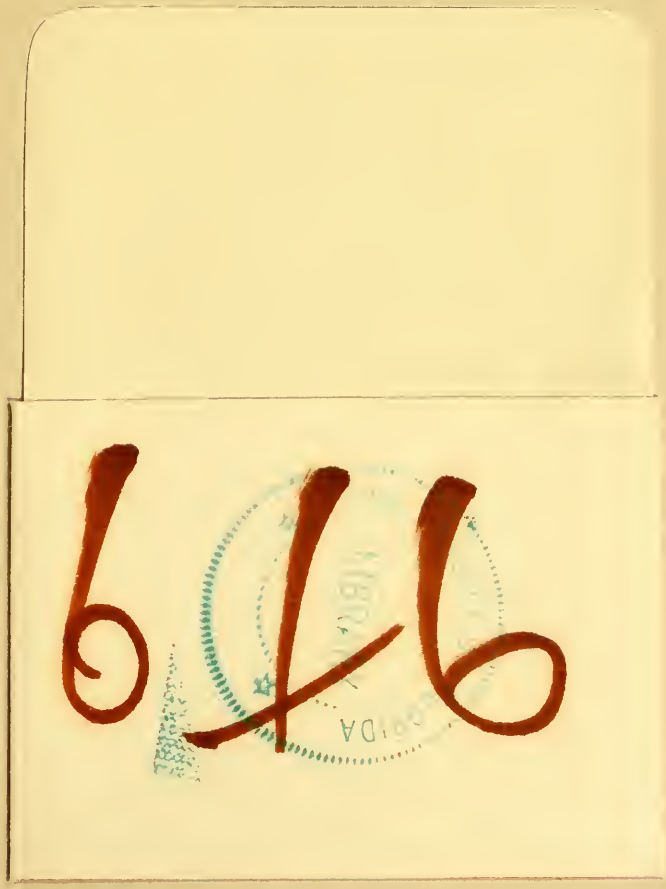

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